## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10729604

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TC	OTAL CLAIMS	,	-7				]. [	RATE	FEE	7	RATE	FEE
FC	 )R		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	†	OR	BASIC FEE	<del> </del>
тс	OTAL CHARGEA	ABLE CLAIMS	7 mir	nus 20=	* -	* _		X\$ 9=		OR	X\$18=	
INE	DEPENDENT CL	LAIMS	3 mi	inus 3 =	*			X43=		OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM PR	RESENT				]	+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	L	TOTAL	385	OR	TOTAL	
	. С	LAIMS AS A	MENDEC	) - PAR	ΓII					•	OTHER	
_		(Column 1)	<del></del>	(Colum		(Column 3)	<u> </u>	SMALL	ENTITY	OR	SMALLE	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	· OL AIAA	=	] [	X43=		OR	X86=	
Ļ	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=	
					•		L	TOTAL			TOTAL	
		(Column 1)		(Colum	on 2)	(Column 3)		ADDIT. FEE		,	ADDIT. FEE <b>L</b>	
_		CLAIMS		HIGHE	EST		] [		ADDI-	1 [		ADDI-
ENT		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT B	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=	
AME	Independent	<u>l</u>	Minus	***		=	] [	X43=		OR	X86=	
	FIRST PHESE	NTATION OF MU	ILTIPLE DEP	ENDENI	CLAIM		┚┞	+145=			+290=	
							L	+145= TOTAL		OR	+290= TOTAL	
	.•						A	DDIT. FEE		OR ,	ADDIT. FEEL	
$\overline{}$	11/1	(Column 1)		(Colum		(Column 3)	1 <u>_</u>					
AMENDMENT C		REMAINING AFTER AMENDMENT	·	NUMB PREVIOU PAID F	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent		Minus	***		=	1 [	X43=		OR	X86=	
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
**	f the entry in colun	. L	TOTAL DDIT. FEE		OR L	TOTAL ADDIT. FEE	`					
***	If the "Highest Nur	mber Previously Pai nber Previously Paid	aid For IN THIS	S SPACE is	less than	n 3, enter "3."	A.			. ,		